## 29020302082

FEC FORM 1

## STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
09 JUL 22 AM 11: 44

(See instructions)

Office use only

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typying, typover the lines	12FE4M5	energy meaning meaning to the same
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(Check if address is changed)				
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		CITY 📥	STATE 🗻	ZIP CODE 🛦
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e e-mail address)		
(Check if address	committee@marksl	hurtleff.org	<u> </u>	
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COMMITTEE'S WEB PAGE AD	DRESS (URL) www.markshurtleff.	com		
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3. FEC IDENTIFICATION NUI	MBER	C	MOLACING MOLANDS TO A	
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I certify that I have examined this State	L VANA OU BERT		t and complete	
Type or Print Name of Treasurer	ETHIN GILBERT	1/1/		
Signature of Treasurer Electron	nically Filed by LYNN GI	LBERT /	Date Date	1 7 6 7 6 7 1 (Y : Y / Y / Y ) Y
NOTE: Submission of false, erroneou	(	subject the person signing this S ATION SHOULD BE REPOR		
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-95 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)